



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000141172

2. Name of Corporation Miriam Cardiology, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 60 AMARAL STREET

City or Town: EAST PROVIDENCE

State: RI

Zip: 02915 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROVIDING TEACHING SERVICES TO MEDICAL STUDENTS, PARTICIPATE IN
CARDIOLOGIC RESEARCH, COORDINATE, OVERSEE AND MONITOR CLINICAL
PROGRAMS, PROVIDE MEDICAL SERVICES, PROVIDE ADMINISTRATIVE SERVICES IN
HOSPITAL MEDICAL CARE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	PETER TILKEMEIER	164 SUMMIT AVE PROVIDENCE, RI 02906 USA
PRESIDENT	KENNETH S KORR MD	164 SUMMIT AVENUE PROVIDENCE, RI - USA
DIRECTOR	PAUL GORDON	164 SUMMIT AVE PROVIDENCE, RI 02906 USA
DIRECTOR	DOUGLAS BURTT	164 SUMMIT AVE PROVIDENCE, RI 02906 USA
DIRECTOR	LOUIS RICE MD	593 EDDY STREET PROVIDENCE, RI 02905 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

STEPHEN D. ZUBIAGO, ESQ. NIXON PEABODY LLP ONE CITIZENS PLAZA PROVIDENCE , RI 02903-

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 5 Day of June, 2012 at 11:03:46 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KENNETH S. KORR, M.D.
Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or
☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

© 2007 - 2012 State of Rhode Island and Providence Plantations
All Rights Reserved